

In re application of:

Zhi-Min Choo

Serial No: 10/724,375

Filed: November 26, 2003

For: INVERSE IMAGE REVERSING APPARATUS OF
A MOBILE COMMUNICATION TERMINAL WITH
INTEGRATED PHOTOGRAPHIC APPARATUS AND
METHOD THEREOF

Art Unit: 2622

Examiner: Bembem, Richard M.

Confirmation No.: 9666

Mail Stop Issue Fee

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a PRELIMINARY AMENDMENT in the above-identified application.



A petition for extension of time for ___ month(s) is enclosed.



No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	21	-	22	**	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3	***	0	LG=\$210 SM=\$105	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$370 SMALL ENTITY FEE = \$185	\$ 0
TOTAL							\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 502290:

☐ Excess claim(s) fee in the amount of \$____.☐ RCE fee in the amount of \$____.☐ Extension fees in the amount of \$____.☐ Petition fee in the amount of \$____.☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,
Lee, Hong, Degerman, Kang & Waimey

Date: December 16, 2008

By: /Harry S. Lee/

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